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Draft country programme document**

Kazakhstan

Summary

The Executive Director presents the draft country programme document for Kazakhstan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,920,000 from regular resources, subject to the availability of funds, and $2,216,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	5.0
U5MR (per 1,000 live births)	76
Underweight (%, moderate and severe, 1999)	4
Maternal mortality ratio (per 100,000 live births, 2001)	50
Primary school enrolment (% net, male/female, 2000)	89/88
Primary school children reaching grade 5 (%, 1999)	99
Use of improved drinking water sources (%, 2000)	91
Adult HIV prevalence rate (%, 2001)	0.1
Child work (%, children 5-14 years old)	.
GNI per capita (US$)	1 510
One-year-olds immunized against DPT3 (%)	95
One-year-olds immunized against measles (%)	95

The situation of children and women

1. Kazakhstan is the world's ninth largest country, with a land area five times the size of France. Its population of 14.8 million is comprised of ethnic Kazakhs (56 per cent), ethnic Russians (28 per cent) and nine other major ethnic groups. The country began to recover from transition in 1996 and is now experiencing rapid economic growth (10 per cent in 2002 and the first half of 2003) because of the development of its oil reserves. However, growth is not spreading beyond the oil sector and the incidence of poverty remains high. Even in the two richest oil-producing regions (*oblasts*) — Magistau and Atyrau — over 40 per cent of the population live in poverty, compared to 27 per cent nationally.

2. There are large disparities between urban and rural areas and among *oblasts* in terms of social indicators and meeting basic needs. In 2001, rural poverty rates were almost twice as high as those in urban areas. This was exacerbated, particularly in remote communities, by degraded physical infrastructure, poor access to free and quality health care, education and safe drinking water, and poor access to land and credit. According to the Common Country Assessment (CCA), significantly more women (45 per cent) than men (33 per cent) are living in poverty.

3. The CCA also found that despite steady economic growth, social sector expenditure as a percentage of gross domestic product (GDP) is shrinking. Although increasing in absolute terms, expenditures for education dropped from 8 to 3 per cent of GDP between 1991 and 2000. Health expenditures declined from 2.4 to 1.9 per cent from 1998 to 2001, one of the lowest rates of countries in the region.

4. Decentralization and local governance in Kazakhstan are still in their infancy. A review of public expenditures in the social sector revealed that about 80 per cent of education and health expenditures are supported from local government budgets, and that per-capita social service expenditure varies greatly by *oblast*.

5. Official statistics show a decline in the infant mortality rate from 28 per 1,000 live births in 1993 to 19 in 2001. However, the 1999 Demographic and Health Survey (DHS) indicated a much higher figure of 62. This was partly due to the continued use of a definition of "live birth," which differs from the World Health Organization (WHO) international standard. Perinatal conditions, acute respiratory infections and diarrhoea are the main causes of under-five mortality. A 2002 study on the causes of infant and child mortality revealed that 50 per cent of early neonatal deaths could have been prevented by better access to quality prenatal care. The study also found a high level of infections that resulted in problems during delivery or among newborns, and that the overall quality of emergency obstetric care was low. Maternal mortality remains high, with haemorrhages and abortions the leading causes.

6. Breastfeeding is almost universal, but the rate of exclusive breastfeeding is low. The DHS found that 10 per cent of children under five years of age were moderately or severely stunted. Stunting was more common among girls than boys, and among rural than urban children. One in three women was found to suffer from anaemia. Assessments in selected regions in 2002 found that 28 per cent of children aged 6 to 60 months were deficient in vitamin A and close to two thirds of women were found to have some form of iodine deficiency.

7. Approximately 4,000 HIV infections have been reported, but the actual number is estimated to be 8-10 times higher. The epidemic is so far concentrated among injecting drug users, but there is a risk of its spreading to the larger population. There is a lack of information, education, voluntary testing, services and treatment for young people. There is widespread stigma associated with injecting drug use and HIV/AIDS. In 2002, 18 children were born to HIV-infected women, only 10 of whom received treatment, because their mothers' HIV status was identified only after delivery.

8. The proportion of children enrolled in pre-school education decreased sharply between 1989 and 1999, from 52 to 10 per cent. Only 4 per cent of rural children and 30 per cent of urban children have access to pre-school services, largely on account of the high cost, decreased family income and unemployment. In 2000, the law was amended to make one year of pre-school compulsory and free for five-to six-year-olds before entering grade one.

9. According to the Constitution, primary and secondary education are obligatory and free, but access to quality education is still a problem. According to a 1999 study, learning achievement is lowest in rural areas. The study monitoring of learning achievement will be repeated in 2004 and will examine gender disparities. Economic difficulties during transition have led to an increasing shortage of qualified teachers and a lack of quality textbooks.

10. A Law on the Rights of the Child was adopted in 2002, based on Kazakhstan's ratification of the Convention on the Rights of the Child in 1994. The State Report to the Committee on the Rights of the Child was submitted and reviewed in 2003. The Government subsequently established a technical group to coordinate follow-up to the Committee's recommendations.

11. According to official statistics, about 87,300 children live in residential care. A study showed that only 30 per cent of them have no parents, while 70 per cent are "social orphans" who were abandoned or whose parents had been divested of

parental rights. In 2003, the Committee on the Rights of the Child made recommendations about intercountry adoption because of the increasing number of such cases across the region.

12. Data on violence against children are not available, but anecdotal evidence shows that many children experience violence in their daily lives. Reform of juvenile justice based on principles of diversionary measures and alternatives to detention is still to be undertaken. A total of 77,984 adolescents aged 14-18 years were sentenced in 2000, mainly for committing petty crimes.

13. Several surveys have shown poor access to quality basic services, especially among rural families living in poverty. According to a recent study on child-rearing, major gaps exist in families' knowledge and child-care practices. Most homes lack materials suitable for early learning and parents generally are not used to playing with or reading to their children. Fathers' involvement in child care is minimal. Corporal punishment is widespread. While 86 per cent of families said that health workers were the key source of child-rearing information, only 5 per cent had been consulted about the developmental needs of their children. Access to basic services is further hampered by their cost, the lack of user-friendly services — especially for young people — and of appropriate infrastructure, as well as the distance from the nearest health centre or school. There is also a lack of child-centred policies for the delivery of basic services. Policies for social and child welfare and child protection are often not well integrated.

14. The participation of civil society, especially young people, in decision-making is weak. This is due to limited awareness of human rights, poor capacities to participate in policy-making and local development planning. Low financial support, cumbersome legislation and stigma affecting some social groups are additional factors. Of 4,600 registered non-governmental organizations (NGOs), only 320 work in rural areas.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

15. The previous country programme focused on maternal and child survival and protection, child enrichment and young-people's well-being. As a result of support from UNICEF and a range of partners, Kazakhstan was certified polio-free in 2002. Immunization coverage of one-year old children now exceeds 95 per cent for the basic vaccines of the expanded programme on immunization and for hepatitis B vaccine. All children under five years are now vaccinated against hepatitis A. The country has been self-sufficient in vaccine procurement since 2000. UNICEF worked with the Asian Development Bank to support the passage of legislation on universal salt iodization (USI) and fortification of flour with iron. This will be followed by a survey on iodine deficiency and household use of iodized salt, to be conducted in 2004.

16. Advocacy by UNICEF and other partners led to the establishment of the National Coordination Group on the Convention on the Rights of the Child, under the Ministry of Education, and to the beginning of reform of the child welfare system.

17. A series of policy-related studies covered social sector expenditures and access to and quality of primary health care (PHC), including a study on the causes of infant and child mortality. These were discussed at the seventh ministerial forum on maternal and child health (MCH) in the Central Asian Republics and Kazakhstan (CARK) and led to significant recommendations to approve policies on access to and quality of basic health services.

18. Progress was achieved in the area of HIV prevention through capacity-building and advocacy for life-skills-based education as a part of the school curriculum. Under the auspices of the CARK ministerial forum on education, Kazakhstan led a thematic group on life-skills-based education. An initiative on global education, which aims to improve the quality of education through interactive, "child-friendly" and gender-sensitive teaching, was introduced in five pilot areas and triggered the interest of the Government in expanding this methodology.

Lessons learned

19. UNICEF-supported studies, for example on social sector expenditures and child mortality, helped to shift the organization's agenda in the country. The mid-term review of the country programme found that the Government could mobilize its own resources for service delivery but requires UNICEF to provide technical support for delivering those services and for maintaining the social safety net. This strategic shift in programming will require timely and quality inputs in the areas of social policy analysis, data and information systems, planning and management skills and advice in child-focused budgeting.

20. Given the rapid pace of economic and social change in Kazakhstan, it is critical to ensure that the provision of adequate and quality social services be high on the political agenda, at the national and especially the local level, as local governments are responsible for four fifths of the national budget. Although the national Government retains overall responsibility for policy-making, success in implementing innovative approaches will increasingly depend on effective cooperation with local administrations to influence the use of resources for social services.

21. Knowledge, attitude, practice and behavioural studies have shown that interaction between service providers and their clients (often women and children) is limited and ineffective. Communities are not aware of acceptable quality standards and rely on the provision of state services without knowing how to influence those standards.

The country programme, 2005-2009

Summary budget table

Programme	*(In thousands of United States dollars)* *Regular resources*	*Other resources*	*Total*
Family and community empowerment	1 750	830	2 580
Improved social protection systems	1 350	720	2 070
Social policy development and participatory governance	950	450	1 400
Cross-sectoral costs	870	216	1 086
Total	**4 920**	**2 216**	**7 136**

Preparation process

22. The preparation of the country programme began with the causality analysis included in the CCA, which led to the identification of the main areas of cooperation for the United Nations system. The subsequent development of the United Nations Development Assistance Framework (UNDAF) involved the Government, NGOs and multilateral and bilateral agencies. UNICEF played a leading role in the design and preparation of the CCA and the UNDAF and ensured that its own country programme will contribute to the outcomes of the UNDAF.

23. The preparation of the UNICEF programme was highly participatory, involving other United Nations agencies, government counterparts, NGOs and young people, who participated in various technical meetings and provided input to the overall process. The country programme process was led by the Ministry of Foreign Affairs, which endorsed the UNDAF and the country programmes of UNICEF, the United Nations Development Programme (UNDP) and the United Nations Population Fund during the Joint Strategy Meeting held in March 2004.

Goals, key results and strategies

24. The overall goal of the country programme is to support the Government in realizing the rights of all children to survival, development, protection and participation and the creation of an enabling environment to ensure strengthened accountabilities for children. It will focus on national policies, legal frameworks and budgetary reallocations to improve access to and use of quality basic social services, and to improve child protection. It will also enhance community, family and young people's participation in decision-making processes impacting their lives.

25. The country programme will adopt a three-pronged strategic approach that is evidenced-based. Advocacy for social policy, social mobilization and capacity-building will improve knowledge and practices and empower families and communities to shape the national agenda for children. The leadership role of local administrators will be strengthened in order to plan and manage convergent or multisectoral basic services reaching out to disadvantaged and vulnerable children in priority areas.

26. The UNICEF programme will have three interrelated components. The first will focus on improving the ability of families and communities to demand quality services in three priority *oblasts*. It will also improve knowledge of, and access to, maternal and child care, child-rearing practices and early childhood and "youth-friendly" services. The second programme will address life-skills-based education for protection against HIV/AIDS, and prevention and protection of children against institutionalization, violence and abuse. The focus in education will be on improving quality through reviewing the curriculum to ensure that it is gender-sensitive, non-discriminatory and participatory. The last component will concentrate on national and local frameworks for legislative, policy and budgetary allocations, and also facilitate convergence of services.

27. Key results to be achieved will include the development of enforcement mechanisms for both USI and fortification of flour with iron, as required by law. National policies will be adopted on early childhood and on educational standards and indicators to ensure quality child-care services and "child-friendly" schools, drawing on the experience of the global education initiative and the national education management information system. National policies and legislation will reflect a de-institutionalized approach to child protection, child care and juvenile justice. Improved standards for services and professionals will be in place, as will a system for identification, referral and rehabilitation of child victims of abuse and neglect. The Government and NGOs will be able to better plan child-focused social policies. "Youth-friendly" services, including voluntary HIV testing and counselling, will be functioning nationwide. Convergent social services which are responsive to family concerns will be established by local authorities. Communities and families will assume an increasing role and responsibility in the planning and monitoring of services.

Relationship to national priorities and the UNDAF

28. The country programme was developed within the framework of the *Kazakhstan 2010 and 2030* national development priorities. These centre on creating an effective education system; improved quality health services; an effective political system capable of addressing public interests; improved health and nutrition of women and children; an improved market economy; and good governance. The programme is linked to the national priorities for health, education, HIV/AIDS prevention and governance, and also supports the three priorities of the UNDAF, which are: improved basic social services; decentralized governance; and identification of, and support to, vulnerable groups.

Relationship to international priorities

29. The country programme has been guided by Kazakhstan's report on progress towards the Millennium Development Goals, the goals of *A World Fit for Children*, the UNICEF medium-term strategic plan and the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS.

Programme components

Family and community empowerment

30. The present social environment does not provide families and communities with adequate knowledge and motivation to claim their rights to quality basic services and improve care at home. Service providers also need to upgrade their knowledge and skills to ensure quality in services for children and women at the household and community levels. Through training and capacity-building, UNICEF will work with civil society organizations (CSOs), including young people's NGOs, and the media (especially youth media) to address gaps in information and practices. These experiences will be used as the basis for advocacy with local and national governments, multilateral and bilateral partners and CSOs for increased investment in children by families and communities. The Ministry of Health will be the main coordinating counterpart.

31. As a result of this programme: (a) all families will consume iodized salt and 80 per cent will consume iron-fortified flour as a step towards elimination of iodine deficiency and reduction of anaemia, (b) 80 per cent of families will have access to and utilize a basic package of quality PHC/MCH services, including for prevention of mother-to-child transmission; (c) 90 per cent of children aged six months to five years will have access to vitamin A supplementation; (d) 70 per cent of children in the three *oblasts* in southern and eastern Kazakhstan will participate in early childhood activities, and their parents will have adequate knowledge and skills on early childhood development (ECD); and (e) 50 per cent of young people will have access to quality "youth-friendly" services, including voluntary HIV/AIDS testing and counselling.

32. Communities and families will have improved knowledge of MCH and nutrition. They will be better able to provide their children with a protective environment and give appropriate child care. The knowledge and mobilization skills of PHC workers and professionals will be enhanced to enable more effective communication to better guide families' caring practices. Attention also will be given to simple child survival techniques that can be practised at home, along with appropriate nutrition. This improved community awareness is expected to create demands on state-run institutions to provide quality services. In terms of strengthening a protective environment, family violence (all forms of physical and psychological punishment and abuse) will be addressed through improved legislation and parenting skills.

33. Regular resources will be used for training of ECD and MCH service providers and social mobilization of families. These factors contribute directly to high mortality, deteriorating PHC and MCH services, poor nutrition, an elevated risk of HIV/AIDS and low access to pre-schools. Other resources will be used for the expansion of the programme within the three *oblasts*.

Improved social protection systems

34. Weak social service systems have resulted in low efficiency and effectiveness in health care, education and a limited protective environment for children. Adolescents are particularly at risk from HIV/AIDS because of the lack of "youth-friendly" services and life-skills-based education. A lack of comprehensive social policies and child welfare systems has led to increased reliance on institutional care.

35. UNICEF will work with national partners to develop new legal frameworks and systemic changes, and to sensitize service providers. The programme will result in the adoption of national policies and legislation which incorporate a de-institutionalized approach to child protection and a more humane juvenile justice system, backed up by enhanced standards for social-work services and professionals. There will be improved systems for the identification, referral and rehabilitation of child victims of abuse and neglect. Ninety per cent of adolescents in selected rural and urban areas will have access to youth-specific information about HIV/AIDS, peer education and life skills. Fifty per cent of children in three priority *oblasts* will attend "child-friendly" schools that include life-skills-based education up to secondary level.

36. Comprehensive studies on social protection and education systems will help to guide strategies for effective and efficient delivery of services (ECD, HIV/AIDS prevention, child protection, juvenile justice and quality basic education). Follow-up to the recommendations of the Committee on the Rights of the Child will be monitored. UNICEF will build partnerships with local authorities and institutions by supporting the implementation of a convergent approach in the priority *oblasts*. This will be used to advocate for scaling up of activities, in collaboration with the United States Agency for International Development (USAID), the Asian Development Bank and the World Bank. Additional resources required for system improvements will be provided by national and local governments, NGOs and other donors. The Ministry of Education will be the main coordinating counterpart.

37. Regular resources will be used for technical assistance and capacity-building of national and regional managers and service providers on child protection and juvenile justice systems; for training in improving the quality of education; and for wider coverage of information on HIV/AIDS. Other resources will be used for broadening reform of the social-work system and setting up models of community social services.

Social policy development and participatory governance

38. Despite high economic growth, resource allocation to social sectors remains low. *Oblasts* hold 80 percent of resources for the social sectors, but their distribution is not "child-friendly" and is skewed toward curative measures. There is a lack of national policies and standards to help children to develop in a protective environment. Low coverage of pre-school services for children under five years of age remains a concern.

39. This programme will ensure that government social policies are child-focused. UNICEF will work with the national Government in advocating increased allocations to social services, drawing on tools like the MONEE Social Monitoring Report, the Quality of Life for All analysis[1] and *DevInfo*. These tools will enable the Government to use social indicator rankings by *oblast* for making decisions on resource allocations. Studies will be carried out regularly to monitor progress on these indicators. The programme will strengthen the capacity of NGOs to monitor social indicators and overall progress in the area of child rights. The CARK

[1] "Quality of Life for All" defines the basic requirements and indicators for survival, growth, development and protection of families, especially mothers and children. It is a means of identifying and prioritizing geographic areas with the largest number of families/individuals not covered by services or affected by unmet needs.

ministerial forums on MCH and education will continue to promote high-level dialogue between Central Asian countries. At the subnational level, the programme will focus on the governments of the three priority *oblasts* and on CSOs to improve their planning skills, monitor Quality of Life Analysis indicators and increase knowledge on social trends. UNICEF will collaborate with UNDP on monitoring the Millennium Development Goals and building the capacity of civil society. The main coordinating body will be the Ministry of Economy.

40. Regular resources will be used for advocacy and technical assistance in policy formulation, research and training of local managers on convergent delivery of services. Other resources will be used to expand the programme to two other *oblasts*.

41. **Cross-sectoral costs** will pay for selected staff in the country office in Astana and support staff and operational costs in the sub-office in Almaty.

Major partnerships

42. UNICEF will continue to cooperate with the Asian Development Bank and the World Bank in the area of health, and with both Banks and the United Nations Educational, Scientific and Cultural Organization in education. Important partners in health sector reform and HIV/AIDS will be USAID and WHO. UNICEF will also work with the country coordination mechanisms of the Global Fund to Fight Tuberculosis, AIDS and Malaria to scale up the response to the HIV epidemic, and of the Global Alliance to Improve Nutrition to rapidly and sustainably address micronutrient deficiency.

43. The National NGO confederation network will be a close partner in promoting local development management, and in interacting with local authorities. *Oblasts* will outline monitoring systems, research and evaluation plans. UNICEF will lead the working group for the UNDAF cooperation area on ensuring quality of life for all. Partnerships with children and adolescents will be enhanced in all aspects of the country programme.

Monitoring, evaluation and programme management

44. The key indicators for tracking progress towards the goals of the country programme include the percentage of children under five years who receive complete immunization, by antigen and by *oblast* and *rayon*; the prevalence of iron deficiency anaemia; the percentage of families who have access to services utilizing the basic PHC package; the percentage of families who have access to fortified flour products and/or iodized salt; the percentage of children under three years in the pilot areas who are enrolled in family-based early childhood programmes; the percentage of caregivers with adequate knowledge of caring practices for children; the percentage of children in pilot areas enrolled in "child-friendly" schools; the number of "child-friendly" national policies and legislation passed and implemented; the percentage of professionals trained and practising adequate standards to ensure child protection; the percentage of young people who have access to HIV/AIDS information and participate in life-skills-based education; the number of laws and/or decrees enacted that directly support pro-child policies; the use of the Quality of

Life Analysis in national and local planning; and the level of financial resources allocated to public services at national and subnational levels.

45. The programme will be monitored through annual reviews of progress against an annual plan and a mid-term review, to be held in 2007, using results-based methodologies. This will be based on the annual and five-year integrated monitoring and evaluation plan (IMEP) of the country programme, which will be linked to a similar plan for the UNDAF. The IMEP will outline the monitoring systems and research and evaluation plans for the country programme. UNICEF will collaborate with government counterparts and other United Nations agencies in an evaluation of the UNDAF in 2008. Quality of Life Analysis and the *DevInfo* system will be used both to encourage improved allocation and use of resources and to monitor progress towards the Millennium Development Goals.

46. The Ministry of Foreign Affairs will have over responsibility for coordination of the country programme. Technical groups and a steering committee will be established and meet regularly for monitoring and evaluation. UNICEF will also work closely with the National Commission on Family and Women Affairs and the Coordination Group on the Convention on the Rights of the Child and Child Protection, established under Ministry of Education.

47. Under the support budget approved by the Executive Board in 2003, a full-fledged country office will be established in Astana, the new capital. A sub-office in Almaty will support priority *oblasts* for demonstration of convergent services in southern and eastern Kazakhstan. The sub-office will also be responsible for networking and building alliances with the media and research and academic institutions, many of which will remain in Almaty.